

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>89/93892</b>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3		2		1			53	
4		2		3			54	
5		2		3			55	
6		2		3			56	
7		2		3			57	
8		2		3			58	
9		2		3			59	
10		2		3			60	
11		2		3			61	
12		2		3			62	
13		2		3			63	
14		2		3			64	
15	1			1			65	
16		1	1				66	
17		2		1			67	
18		2		2			68	
19		2		1			69	
20		2		1			70	
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44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		↓	2	↓		↓	TOTAL IND.	↓
TOTAL DEP.			33				TOTAL DEP.	↓
TOTAL CLAIMS			35				TOTAL CLAIMS	↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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